

CBPA\_\_\_\_\_



# BUILDING PERMIT APPLICATION

Department of Planning & Community Development  
Division of Building Construction Services  
400 Granby Street, Norfolk, Virginia 23510 (757) 664-6565

BLDG Permit # **B** 02-\_\_\_\_\_

☐ LP ☐ SP ☐ NP

Project Address\_\_\_\_\_Unit #\_\_\_\_\_Application Date\_\_\_\_\_

Applicant: ☐ Owner ☐ Contractor ☐ Agent ☐ Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax# _____ Email Address _____	Company Name _____ Phone # _____ Contact Person _____ Phone # _____ Contractor's State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Contractor's Business Address _____ Fax # _____ Cell Phone # _____ Email _____
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## Work to be performed

- ☐ Residential  
☐ Commercial  
☐ Multi-Family

## Type of Work:

- ☐ New Structure ☐ Demo ☐ Fire Alarm/Supp.  
☐ Repair/Alt ☐ Roof ☐ Pool  
☐ Addition ☐ Siding ☐ Sign  
 Other \_\_\_\_\_

Project Cost \$ \_\_\_\_\_

Use Group \_\_\_\_\_

Construction Type \_\_\_\_\_

Square Foot \_\_\_\_\_

I agree to do the above work in conformity with the Ordinances & Regulations of the City of Norfolk & the Uniform Statewide Bldg. Code.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Please do not write below this line. For office use only.

Approval From Other Departments

Address (7<sup>th</sup> Floor City Hall) \_\_\_\_\_

Driveways (2<sup>nd</sup> Floor City Hall) \_\_\_\_\_

Water (Granby St.) \_\_\_\_\_ Sewer(Granby St.) \_\_\_\_\_

Environmental \_\_\_\_\_

Mechanics Lien Agent

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zoning \_\_\_\_\_ # of DU's \_\_\_\_\_ # of stories \_\_\_\_\_ Flood zone \_\_\_\_\_ Conforming ☐ Y ☐ N

Zoning Remarks \_\_\_\_\_

Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Building Remarks \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_ Admin Fee \$ \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

1% Surcharge \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Cashier \_\_\_\_\_